

SportsCare Physical Therapy & Armworks Hand Therapy

WELCOME TO OUR PHYSICAL THERAPY OFFICE. If you have any questions regarding your therapy, please feel free to ask. We are here to assist you in returning to good health. We are not affiliated with your physician and do not obtain your insurance information from them. These forms must be completed for insurance and record keeping purposes.

Patient Information

Name: _____ Date of birth: _____ Age: _____

Social Security Number: _____ Sex: Female Male

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Home: (_____) _____ Cell: (_____) _____

Please select how you would like to receive appointment notifications: Email Phone Call Text Message

Date of symptom onset, injury or surgery: _____ Work Auto Accident Sports Related Other: _____

Name of person who referred you (Physician, Friend, Coach, Etc.): _____

Primary Care Doctor/Clinic: _____ Phone: (_____) _____

In case of emergency contact: _____ Relationship: _____ Phone: (_____) _____

Attorney Information

Do you have an attorney representing you for your current condition? Yes No

Attorney's Name: _____

Address: _____ Phone: (_____) _____

Personal Information Release

Other than your insurance, doctor, or attorney, list person(s) allowed to receive your personal medical information:

Name: _____ Relationship: _____ Phone: (_____) _____

Name: _____ Relationship: _____ Phone: (_____) _____

I _____ authorize my insurance company to make payment directly to SportsCare Physical Therapy. I give SportsCare Physical Therapy permission to send all necessary information about my claim and injury to my insurance company. As Parent/Guardian, I authorize SportsCare Physical Therapy to treat my minor child.

Failure to show and late-cancelled appointments jeopardize the ability of SportsCare Physical Therapy to provide appropriate care to the needs of patients. Please give 24 hours of notice prior to cancelling or rescheduling an appointment.

Signature: _____ Date: _____

I have read and agree to the terms stated on the Notice of Privacy Practices form. A paper copy was offered and provided to me if requested in office during time of visit.

Signature: _____ Date: _____

I have read and agree to the terms stated on the Notice and Agreement form. A paper copy was offered and provided to me if requested in office during time of visit.

Signature: _____ Date: _____